

1453

PLACE OF BIRTH
 County of Cochise
 District of Pearce
 Town of Pearce
 or
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 42
 Co. Register No. 18
 Local Registrar's No. _____

FULL NAME OF CHILD Gomezindo Ramirez { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child <u>Male</u>	Twin, Triplet or other <u>No</u>	and {	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of Birth <u>Jan 13</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Rafael Ramirez</u>			Full Maiden Name <u>Jesus Ramirez</u>		
Residence <u>Pearce</u>			Residence <u>Pearce</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Mex</u> Age at last Birthday <u>28</u> (Years)			
Birthplace <u>Mex</u>			Birthplace <u>Mex</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother. <u>4</u>		Number of Children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? <u>No</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 13 1917, at 12 M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Joseph Tetzal
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 191____

Address Pearce
Wm D. Zimmerman
 LOCAL REGISTRAR.

899-113-199
 COUNTY REGISTRAR.

Filed Feb 8 1917
 Filed 2/17 1917 A True Copy
W. H. Hunt
 COUNTY REGISTRAR.